

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/19/2012	
NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260			
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F0000	<p>This visit was for the Investigation of Complaints IN00116286 and IN00115950.</p> <p>Complaint IN00116286 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00115950 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: September 17, 18 &amp; 19, 2012</p> <p>Facility number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Survey team: Christi Davidson, RN-TC Lora Brettnacher, RN</p> <p>Census bed type: SNF: 9 SNF/NF: 86 Total: 95</p> <p>Census payor type: Medicare: 17</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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FORM APPROVED

OMB NO. 0938-0391

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	<p>Medicaid: 67 Other: 11 Total: 95</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 20, 2012 by Bev Faulkner, RN</p>						

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F0225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the</p>		F0225	The creation and submission of		09/30/2012	

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	<p>facility failed to ensure an allegation of abuse made by a resident was immediately reported to the Administrator for 1 of 4 facility investigations reviewed. (#B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 9/17/12 at 12:25 p.m.</p> <p>Diagnoses included but were not limited to osteoporosis, glaucoma, hypertension, senile dementia with depressed mood and delusions.</p> <p>The most recent significant change Minimum Data Set (MDS) Assessment, dated 8/3/12, indicated Resident #B was a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) for cognition. The score indicated the resident was moderately impaired in cognition. The MDS indicated Resident #B could not report the correct day of the week and only recalled one word with cuing out of three words given to recall. The MDS indicated Resident #B was feeling down, depressed or hopeless and feeling bad about herself for 12 - 14 days of the MDS assessment time frame for mood.</p> <p>A care plan dated with a problem start</p>			<p>this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation and also respectfully requests desk review of the information provided herein, on or after September 30, 2012. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The employee was suspended immediately and then terminated. All allegations of abuse will be reported to the administrator immediately. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected. The Executive Director inserviced the staff on 9-25-12 on Abuse Prevention and Reporting with a completion date of 9-30-12. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? All employees are educated regarding Abuse Prevention and Reporting at orientation and inserviced at least bi-annually and on an ongoing basis throughout the year by the SDc or</p>			

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	<p>date of 7/16/12 indicated, "...Resident has Psychotic Episodes (Delusions) AEB [as evidenced by] believe staff refuse to provide care, family does not visit, and meds [medications] are to kill her rather than help her...."</p> <p>During an interview on 9/18/12 at 10:30 a.m., the Administrator indicated during a review of Resident #B's progress notes on 9/17/12 at 6:00 p.m., she discovered an abuse allegation made by the resident documented in the progress notes dated 9/17/12 at 3:13 p.m., which was entered by Licensed Practical Nurse [LPN] #1. The Administrator indicated LPN #1 left the facility without reporting the allegation to the Administrator.</p> <p>On 9/18/12 at 10:45 a.m., the progress notes for Resident #B were re-reviewed after the interview with the Administrator regarding LPN #1's entry to Resident #B's record on 9/17/12 at 3:13 p.m.</p> <p>A progress note, dated 9/17/12 at 3:13 p.m., indicated, "Resident continues to make negative statements. States staff is mean and that we dont (sic) want to help her. Did not remember staff getting her up in chair today and toileting her. Also states she's afraid of staff. Comfort resident and stated we are here to help her in any way possible and rubbed resident</p>		<p>designee. All employees have criminal history checks completed by an outside source prior to employment, as well as references completed. Managers are educated regarding staff burnout, monitoring labor hourse, and meeting with staff regularly to ensure communication is open by the E.D. on 9-23-12. QIS abuse questions will be utilized every shift with employees, 7 days a week, x 2 weeks, and weekly x 4 weeks, and monthly thereafter, and submitted to the CQI Committee for review and follow up to ensure all employees are knowledgeable about identifying and reporting abuse until 100% compliance is achieved. All staff were educated on Abuse Prevention and Reporting inservice on 9-25-12 with completion date of 9-30-12. How the corrective action will be monitored to ensure the deficient practice will not recur, ie: what quality assurance program will be put into place? To ensure compliance, the DNS/designee is responsible for the completion of the Abuse CQI tool weekly for 4 weeks, bi-monthly for 2 months, adn then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by teh E.D. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>				

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	<p>back."</p> <p>A facility investigation provided by the Administrator on 9/18/12 at 2:30 p.m., with an incident date of 9/17/12 at 6:00 p.m., indicated, "...Brief Description of Incident: ED [Executive Director] viewing daily nursing documentation and found statement from resident within nurses note stating that staff was mean to her and that they don't want to help her and that she was afraid of staff..." The investigation indicated Certified Nursing Assistant [CNA] #2 was in the room with Resident #B when she made the statements that LPN #1 recorded in the progress notes dated 9/17/12 at 3:13 p.m. A typed interview with CNA #2, dated 9/18/12, and initialed by the Administrator indicated, "...I asked [name of CNA #2] what she thought the statements from [name of Resident #B] could be, and she stated abuse and that the nurse was there...."</p> <p>3.1-28(c)</p>						

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F0226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure the facility abuse policy was implemented as evidenced by a Licensed Practical Nurse did not immediately report an allegation of abuse made by a resident to the Administrator for 1 of 4 facility investigations reviewed. (#B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 9/17/12 at 12:25 p.m.</p> <p>Diagnoses included but were not limited to osteoporosis, glaucoma, hypertension, senile dementia with depressed mood and delusions.</p> <p>The most recent significant change Minimum Data Set (MDS) Assessment dated 8/3/12 indicated Resident #B was a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) for cognition. The score indicated the resident was moderately impaired in cognition. The MDS indicated Resident</p>		F0226	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?The employee was suspended immediately and then terminated.All allegations of abuse will be reported to the administrator immediately.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be take?All residents have the potential to be affected.The Executive Director inserviced the staff on 9-25-12 on Abuse Prevention and Reporting with a completion date of 9-30-12.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?All employees are educated regarding Abuse Prevention adn Reporting at orientation and inserviced at least bi-annually and on an ongoing basis throughout the year by the SDc or designee.All employees have criminal history checks completed by an outside source prior to employment, as well as references completed.Managers</p>		09/30/2012	

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	<p>#B could not report the correct day of the week and only recalled one word with cuing out of three words given to recall. The MDS indicated Resident #B was feeling down, depressed or hopeless and feeling bad about herself for 12 - 14 days of the MDS assessment time frame for mood.</p> <p>A care plan with a problem start date of 7/16/12 indicated, "...Resident has Psychotic Episodes (Delusions) AEB [as evidenced by] believe staff refuse to provide care, family does not visit, and meds [medications] are to kill her rather than help her...."</p> <p>During an interview on 9/18/12 at 10:30 a.m., the Administrator indicated during a review of Resident #B's progress notes on 9/17/12 at 6:00 p.m., she discovered the abuse allegation made by the resident documented in the progress notes dated 9/17/12 at 3:13 p.m., which was entered by Licensed Practical Nurse [LPN] #1. The Administrator indicated LPN #1 left the facility without reporting the allegation to the Administrator.</p> <p>On 9/18/12 at 10:45 a.m., the progress notes for Resident #B were re-reviewed after the interview with the Administrator regarding LPN #1's entry to Resident #B's record on 9/17/12 at 3:13 p.m.</p>				<p>are educated regarding staff burnout, monitoring labor hourse, and meeting with staff regularly to ensure communication is open by the E.D. on 9-23-12.QIS abuse questions will be utilized every shift with employees, 7 days a week, x 2 weeks, and weekly x 4 weeks, and monthly thereafter, and submitted to the CQI Committee for review and follow up to ensure all employees are knowledgeable about identifying and reporting abuse unitl 100% compliance is achieved.All staff were educated on Abuse Prevention and Reporting inservice on 9-25-12 with completion date of 9-30-12.How the corrective action will be monitored to ensure the deficient practice will not recur, ie: what quality assurance program will be put into place?To ensure compliance, the DNS/designee is responsible for the completion of the Abuse CQI tool weekly for 4 weeks, bi-monthly for 2 months, adn then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by teh E.D. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p>		



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	<p>A facility policy provided by the Administrator on 9/18/12 at 12:33 p.m., titled, "Abuse Prohibition, Reporting, and Investigation Policy and Procedure," dated February 2010, indicated, "...All abuse allegations/abuse must be reported to the Executive Director immediately...It is the responsibility of every employee of American Senior Communities to not only report abuse situations, but also suspicion of abuse and unusual observations and circumstances to his/her immediate supervisor...."</p> <p>3.1-28(a)</p>						